Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/802,224			Filing Date 16 March, 2004			☐ To be Mailed		
	Substitute	e for Form I with Form P	PTO-1360		Applicant(s) YOON, WOO SEONG					Page 1 of 1			
							* May be u	used for additional claims or amendme			ents		
CLAIMS	AS FILED 03/11/2008		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		2					53 54						
4 5		1					55						
6		1			-		56		-				
7		1					57						
8		1					58						
9		1			ļ		59						
10 11	1	1			<u> </u>	-	60						
12		1			-		62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17 18		1					67 68						
19	1	1					69		-				
20	-	1					70						
21		1					71						
22		1					72						
23		1					73						
24 25	1	1					74 75						
26	1	1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31 32		1					81 82						
33							83						
34							84						
35							85						
36							86						
37 38					<u> </u>		87 88						
39							89						
40					 		90						
41							91						
42							92						
43							93						
44							94						
45 46							95 96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total		28					Total			V. C			
Depend							Depend						
Total Claims	32						Total Claims						

Claims Cl